ARIZONA STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

B. LENGTH OF STAY in this town in Arizona 24 yrs

2. USUAL RESIDENCE

(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. COUNTY Greenlee

M IN CITY LIMITS

C. CITY

A. STATE Arizona

B. COUNTY Greenlee

Morenci

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE-BTREET

10. BIRTHPLACE (STATE

Hrkansas

OR FOREIGN COUNTRY)

OUTSIDE CITY LIMITS

OR TOWN

C. CITY OR TOWN

Morenci

M IN CITY LIMITS

CEOF DEATH ĂL RESIDEM

FULL NAME OF HOSPITAL OR

7. DATE OF BIRTH

DAY

CITIZEN OF WHAT

, (STATE OR COUNTRY)

COUNTRY?

14B. BIRTHPLACE

ADDRESS

Arkansas

Box 907 Clifton Arizo

53

8. AGE (IN YEARS IF UNDER I YEAR IF UNDER 24 HRS.

(YES, NO. OR UNKNOWN)

no

17. DATE

OF

DEATH

SA. MARRIED, NEVER MARRIED,

married

9A. USUAL OCCUPATION (GIVE KIND OF

WORK DURING MOST OF LIFE EVEN IF RETIRED)

NO.

WIDOWED, DIVORCED (SPECIFY)

431 05 0962

15B. BIRTHPLACE

(YEAR)

INTERVAL BETWEEN

Arkansas

INSTITUTION

Monroe Waters

16. INFÓRMANT'S SIGNATURE

YEAR

12

D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM!

HOURS

113 Oleander St.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? | 13. SOCIAL SECURITY

(IF YES, WAR OR DATES OF SERVICE)

23

YES []

Hoist Operator

(DAY)

1965

OUTSIDE CITY LIMITS

CEDENT

18.

NAME OF DECEASED (TYPE OR PRINT)

6B. NAME OF SPOUSE

Juanita

9B. KIND OF BUSI-

NESS OR INDUSTRY

14A. FATHER'S NAME

minina

(FIRST) Truman

ADDRESS OR LOCATION) eander. H.

HONTH

(MIDDLE)

C. (LAST) Waters

LAST BIRTHDAY) MONTHS

MEDICAL CERTIFICATION

4. SEX male

DAYS

15A. MOTHER'S MAIDEN NAME

Lula Ann Potter

5. COLOR OR RACE white

MIN.

(MONTH)

ERSONAL

DATA

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OR(
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101	ENTER ONLY ONE CAUSE PER I. DISEASE OR CONDITION LINE FOR (A). (B). (C). DIRECTLY LEADING TO DEATH!	ONSET AND DEATH
CAUSE / OF DEATH TEM 18)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS MORBID CONDITIONS, IF ANY, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION IDRECTLY LEADING TO DEATH; ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, DUE TO (B) GRIVING CAUSE LAST. DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	minum 20, AUTOPSY?
RATIONS, UTOPSY	IBB. MAJOR PROPERTION	YES NO. E
ZDICAL IFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEMBED FROM DOTTIS. TO WA 23, 19 5 THAT I I ALIVE ON 19. AND THAT DEATH OCCURRED AT COMM. FROM THE CAUSES AND ON TO COMMENT OF THE CAUSES AND ON TO COMMENT OF THE CAUSES AND ON TO COMMENT OF THE CAUSES AND ON TO COMMENT.	AST SAW THE DECEASED HE DATE STATED ABOVE. 22C. DATE SIGNED 7 - 2 - 5 - 5 - 5
DEATH DUE TO	23A. ACCIDENT (SPECIFY) 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, SUICIDE HOMICIDE HOMICIDE NATURAL CAUSE 23C. (CITY OR TOWN	
VIOLENCE		
RONER'S IFICATION	24A. CORONER'S SIGNATURE Charles (1. L'offerty Monensi, aryona	July 26,1965
JNERAL	25A. BURIAL & 25B. DATE 25C. NAME OF CEMETERY OR CREMATORY 25D. LOCATION (CITY CREMATION REMOVAL 7/2665 Kest Haven Memorial Gardens Safford, Ariz	TOWN, FOR COUNTY) (STATE)
RECTOR -AND GISTRAR	26A. DATE REC. 26B. REGISTRAR'S SIGNATURE 27A. FUNERAL DIRECTOR'S SIGNATURE 27B. ADD CLOSE	on thris.
FOR	W VS-2 REV. 5-9-60 - 50M (CER) 28A. EMBALMER'S SIGNATURE. 28B EMB CER	ALMER'S T. NO.